



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

METHODIST STONE OAK
HOSPITAL

Respondent Name

LIBERTY MUTUAL FIRE INSURANCE

MFDR Tracking Number

M4-15-1619-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

January 29, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Please note that our facility has billed implant charges separately. Further note that according to the Texas State Workers' Compensation Guidelines, claims with implants billed separately should be reimbursed at the greater of 143% of the Medicare allowable or 108% of the Medicare allowable plus the cost of implants plus the implant add-on amount. For this claim, the latter reimbursement method is greater. Therefore, this claim should be paid at 108% of the MS-DRG 28 allowable plus implants at cost plus the implant add-on amount ...

St. David's Medical Center treated this patient in good faith and expects to be reimbursed for the services it provided. Please reprocess this claim for the amount due to our facility of \$16,176.74 plus interest."

Amount in Dispute: \$16,176.74

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "We have received the medical dispute filed by Methodist Stone Oak Hospital for services rendered to [injured employee] for the 01/13/2012-01/15/2012 date(s) of service. The bill and documentation attached to the medical dispute have been re-reviewed and our position remains unchanged. Our rationale is as follows:

Under Title 23 of the Texas Administrative Code Chapter 133 subchapter D Rule §133.307

- A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

Please note that this dispute does not qualify for Medical Dispute as it does not meet the criteria as outlined in subparagraph B."

Response Submitted by: Liberty Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 13, 2012 to January 15, 2012	Inpatient Hospital Service	\$16,176.74	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment
 - Z710 – The charge for this procedure exceeds the fee schedule allowance
 - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
 - U634 – Procedure code not separately payable under medicare and or fee schedule guidelines

Issue

1. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. 28 Texas Administrative Code §133.307(c)(1) states: "Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." The date of the services in dispute is January 13, 2012 to January 15, 2012. The request for medical dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) section on January 29, 2015. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

The Division finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute, as addressed in 28 Texas Administrative Code §133.307(c)(1) and (c)(1)(A). For that reason, the merits of the issues raised by the parties to this dispute have not been addressed.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services in dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

3/19/15
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.